Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete ii raiown				
				Application Number 10/089,694-6			onf. #550	5
FEE TRANSMITTAL						April 3, 2002		
For FY 2005				First Named Inventor Akihiko SAN				
				Examiner Name S. T. Tran				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1615				
TOTAL AMOUNT OF PAYMENT (\$) 450.00			/	Attorney Docket No. 0020-4976P				
METHOD OF PAYME	NT (check all	that apply)						
Check Credit	Card	Money Order	None	Other (please identi	ify):		
x Deposit Account Dep	posit Account Nur	nber 02-2448	Deposit Accou	nt Name:	Birch, Ste	wart, Kolasci	n & Birch,	LLP
For the above-iden	ntified deposi	account, the D	irector is h	ereby authorize	ed to: (chec	k all that apply)	
x Charge fee(s	s) indicated b	elow		Charg	e fee(s) ind	icated below, e	except for	the filing fee
	additional fee	(s) or underpay and 1.17	ment of	x Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SEARC								
	FILI	G FEES SEARCH FEES EXAMINATION FE Small Entity Small Entity Small Ent				ATION FEES Small Entity	3	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (inclu-	ding Reissue	3)					50	25
Each independent claim of	ver 3 (includ	ng Reissues)					200	100
Multiple dependent claims	5						360	180
			Fee Pal	ld (\$)	_	Itipie Depend		
12 -20=	0 ×				Fee	(\$)	Fee Paid (<u>\$)</u>
HP = highest number of total cl Indep. Claims Extra			Fee Pai	(e)	_			_
2 -3=	0 ×	Fee (\$)	ree Pai	iu (\$)				
HP = highest number of indepe		d for, if greater tha	n 3.					
3. APPLICATION SIZE FE	E							_
If the specification and d listings under 37 CFR								
sheets or fraction ther					or small en	uty) for each a	idditional 2	ю
	Extra Sheets			itional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
		/50	(n	ound up to a who	le number) >			
- 100 =							Fees	Paid (\$)
4. OTHER FEE(S)								
4. OTHER FEE(S) Non-English Specifical								
4. OTHER FEE(S)					econd mor	nth	4	50.00
4. OTHER FEE(S) Non-English Specificat Other (e.g., late filing s SUBMITTED BY	surcharge): 1	252 Extensio	n for resp	onse within se	econd mor	nth	4	50.00
4. OTHER FEE(S) Non-English Specifical	surcharge): 1		n for respo		econd mor 36,623	Telephone	(703) 20	